

APPRENTICE RECORDS RELEASE AND AUTHORIZATION FORM

(First Name)

(Middle Name)

(Last Name)

RELEASE AND AUTHORIZATION

I hereby grant permission to any joint apprenticeship training committee and/or technical college maintaining or otherwise in possession of my apprenticeship records in the state of Wisconsin to release my work records, records of hours worked, school transcripts, employer progress reports and evaluations and professional certifications to the International Training Institute and any representative thereof for the purpose of maintaining a record database to assist in employment and educational opportunities. I understand that the above-listed records may contain confidential or other personally identifiable information. I agree to consent to disclosure of such confidential or personally identifiable information and waive any rights, objections, or claims arising under Wisconsin's open meetings and records laws, Family Educational Rights and Privacy Act and any other state or federal laws that may arise from such disclosure.

I understand the information may be released orally, electronically, or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me in writing.

(Signature)

(Date)